## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001

Application or Docket Number

CYPR-COOIZI3M

| CLAIMS AS FILED - PART I<br>(Column 1)   |  |   |               |                              | (Column 2)                      |                  |  | SMALL ENTITY TYPE   |                        | OTHER THAN<br>OR SMALL ENTITY |                     |                        |
|--|--|---|---------------|------------------------------|---------------------------------|------------------|--|---------------------|------------------------|-------------------------------|---------------------|------------------------|
| TOTAL CLAIMS   |  |   | 21            |                              |                                 |                  |  | RATE                | FEE                    |                               | RATE                | FEE                    |
| FOR  |  |   | NUMBER FILED  |                              | NUMBER EXTRA                    |                  |  | BASIC FEE           | 370.00                 | OR                            | BASIC FEE           | 740.00                 |
| TO   | TAL CHARGEAE                                   | BLE CLAIMS                                | 2 / minus 20= |                              | * ;                             |                  |  | X\$ 9=              |                        | OR                            | X\$18=              | 18                     |
| INDEPENDENT CLAIMS   |  |   | 3 minus 3 =   |                              | • 0                             |                  |  | X42=                |                        | OR                            | X84=                |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT   |  |   |               |                              |                                 |                  |  | +140=               |                        | OR                            |                     |                        |
| * If the difference in column 1 is less than zero, enter   |  |   |               |                              |                                 | olumn 2          |  | TOTAL               |                        | OR                            | TOTAL               | 758                    |
| CLAIMS AS AMENDED - PART<br>(Column 1) (Column   |  |   |               |                              |                                 | (Column 3)       |  | SMALL E             | NTITY                  | OR                            | OTHER<br>SMALL E    | 11                     |
| HENTA  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |               | HIGH<br>NUM<br>PREVI<br>PAID | BER                             | PRESENT<br>EXTRA |  | RATE                | ADDI-<br>TIONAL<br>FEE | •                             | RATE                | ADDI-<br>TIONAL<br>FEE |
| AD PAGE  | Total  | . 21                                      | Minus         | ** 0                         | 1                               | =                |  | X\$ 9=              |                        | OR                            | X\$18=              |                        |
| AMENDA   |  | · 3                                       | Minus         | ***                          | 3                               | • —              |  | X42=                |                        | OR                            | X84=                |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |               |                              |                                 |                  |  | +140=               |                        | OR                            | +280=               |                        |
| •  |  |   |               |                              |                                 |                  |  | TOTAL<br>ADDIT. FEE |                        | OR                            | TOTAL<br>ADDIT. FEE |                        |
| (Column 1) (Column 2) (Column 3)   |  |   |               |                              |                                 |                  |  |                     |                        |                               |                     |                        |
| AMENDMENT B  |  | CLAIMS REMAINING AFTER AMENDMENT          |               | NUM<br>PREVI                 | HEST<br>MBER<br>MOUSLY<br>DFOR  | PRESENT<br>EXTRA |  | RATE                | ADDI-<br>TIONAL<br>FEE |                               | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | n   | Minus         | <b>STA</b>                   |                                 | =                |  | X\$ 9=              |                        | OR                            | X\$18=              |                        |
| REP  | Independent                                    | *   | Minus         | ***                          |                                 | =                |  | X42=                |                        | OR                            | X84=                |                        |
|  | FIRST PRESE                                    | NTATION OF MI                             | JLTIPLE DEF   | PENDEN                       | T CLAIM                         |                  |  | +140=               |                        | OR                            | +280=               |                        |
|  |  |   |               |                              |                                 |                  |  | TOTAL ADDIT. FEE    |                        | OR                            | TOTAL<br>ADDIT. FEE |                        |
| (Column 1) (Column 2) (Column 3)   |  |   |               |                              |                                 |                  |  |                     |                        |                               |                     |                        |
| AMENDMENT C  |  | CLAIMS REMAINING AFTER AMENDMENT          |               | NUI<br>PREV                  | HEST<br>MBER<br>NOUSLY<br>D FOR | PRESENT<br>EXTRA |  | RATE                | ADDI-<br>TIONAL<br>FEE |                               | RATE                | ADDI-<br>TIONAL<br>FEE |
| SE CA  | Total  | *   | Minus         | tich:                        |                                 | =                |  | X\$ 9=              |                        | OR                            | X\$18=              |                        |
| (RAE)  | Independent                                    | *   | Minus         | ***                          |                                 | =                |  | X42=                | ·                      | OR                            | X84=                |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |               |                              |                                 |                  |  | +140=               |                        |                               | +280=               |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT FEE                               |  |   |               |                              |                                 |                  |  |                     |                        | OR                            | TOTAL               |                        |
| ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |               |                              |                                 |                  |  |                     |                        |                               |                     |                        |